



DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Personnel Management
Employee Master Data Form

Employee Name (Last, First, Middle)				Clip Transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personnel Number	Business Area	Personnel Area	Organization Unit	Transaction Effect Date	
Create Actions (IT0000)				PA 40: Choose one	
Reason for Action (See Guide for additional information)		Employee Group	Employee Subgroup		
Position Number	Job Title		Class Code	Pay Grade	
Personal Data (IT0002)				<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Re-employment of Retiree <input type="checkbox"/> Transfer <input type="checkbox"/> Promotion/ Demotion <input type="checkbox"/> Change In Pay/ Position Attributes <input type="checkbox"/> Return from LWOP	
Choose: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		Last Name	First Name	Middle Name	
Second Title (Jr., III, etc.)		Nickname/Known As	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Marital Status		Birthday (mm/dd/yyyy)	SSN		
PA 30: Choose one <input type="checkbox"/> Change in Employee Master Data <input type="checkbox"/> Error Correction					

Family-Related Person/Family Type Spouse (IT0021)

Spouse's Name (Last, First, Middle)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone ()	
Address Line 1				Birthday (mm/dd/yyyy)	
Address Line 2				SSN	
City		State	ZIP	Separation Date	Ref. Personnel No.

Organization Assignment (IT0001)

Personnel Sub Area	Percentage %	Personnel Administrator's Name		Payroll Administrator's Name	
Contact (Benefits)	Cost Center	Internal Order Number	Time Administrator's Name	Benefits Administrator's Name	

Date Specifications (IT0041)

Original Hire Date	Latest Hire Date	Career Service Date	Leave Accrual Date	Perform. Eval. Date	Career Service Pmt. Date
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Monitoring Dates Specifications (IT0019)

End of Probation	Reminder Date	CLIP Review Date	Reminder Date
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Additional Data (IT0077)

Ethnic Origin <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/not Hispanic		Military Status <input type="checkbox"/> Inactive <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Vietnam-era Veteran <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled Vet. <input type="checkbox"/> Retired <input type="checkbox"/> On-Call <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Other:	
<input type="checkbox"/> EEO Exempt <input type="checkbox"/> Employee Eligible for Medicare		Disability (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Date (if applicable)

Continued on Reverse Side

Employee Business Address (IT006)

Address Line 1			Business Phone ()	Business Cell Phone ()
Address Line 2			Business FAX ()	Business Pager ()
City	State	ZIP	Business E-mail	

Employee Personal Address (IT006)

Address Line 1			Residential Phone ()	Personal Cell Phone ()
Address Line 2			Residential FAX ()	Personal Pager ()
City	State	ZIP	Personal E-mail	

Residence Status (IT0094)

<input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Non-Resident Alien	ID Type	Issuing Authority	ID Number	Date Issued	Expiration Date
	Work Permit Type	Issuing Authority	Work Permit No.	Date Issued	Expiration Date

Planned Working Time (IT0007)

Employee % %	Work Schedule Rule	Time Management Status	Working Week	<input type="checkbox"/> Part-Time Employee
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Basic Pay (IT0008)

Reason Code	Reason Name	Hourly Rate \$	Annual Salary \$	Wage Type
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Residence Tax Area (IT0207)**Work Tax Area (IT0208)**

Residence Tax Area	Work Allocation % %	Tax Authority	Worksite (optional)
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State Withholding Information (IT0210)**Federal Withholding Information (IT0210)**

Filing Status <input type="checkbox"/> 01 Single <input type="checkbox"/> 03 Married <input type="checkbox"/> 06 Head of Household <input type="checkbox"/> 10 Married Joint claiming all	Allowances (Employee and/or spouse)		Filing Status <input type="checkbox"/> 01 Single <input type="checkbox"/> 02 Married <input type="checkbox"/> 06 Head of Household <input type="checkbox"/> 15 Married/ single rate	Total Allowances (Emp. &/or sp. + children)	
	Dependent Allowances (Children)			Additional Withholding Amount	\$
	Additional Withholding Amount	\$			
State Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income Credit <input type="checkbox"/> No <input type="checkbox"/> Yes→ <input type="checkbox"/> 1-Single or married, spouse not filing W5 <input type="checkbox"/> 2-Married, both spouses filing W5			

Submitting Office Contact

Name	Phone ()
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Approvals

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Employee Supervisor/Manager	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Administrator	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Deputy Director/Assistant Commissioner	Date